

# **EXHIBIT "3"**

## IN THE CIRCUIT COURT OF COVINGTON COUNTY, ALABAMA

PIONEER SERVICES, INC.,  
 JIMMY WILLIAMSON, and  
 KELLY WILLIAMSON,

PLAINTIFFS,

V.

AUTO-OWNERS INSURANCE  
 COMPANY, INC., a corporation, and  
 SOUTH CENTRAL AGENCY, INC.,  
 et al.,

DEFENDANTS.

CASE NO. CV 05-110

ANSWERS TO DEFENDANT, AUTO-OWNERS INSURANCE  
COMPANY, INC.'S INTERROGATORIES TO PLAINTIFFS

Comes now the Plaintiffs by and through their attorneys and for answer to Defendant's Auto-Owners Insurance Company, Inc.'s Interrogatories would state as follows:

1. For each individual plaintiff, please state the following:
  - a) Your full legal name;
  - b) Your present address;
  - c) Your current telephone number;
  - d) Your Social Security number; and
  - e) Your date of birth;
  - f) The name, address and telephone number of your current spouse and any other previous spouses.

ANSWER: a) James H. Williamson

- b) 26174 Reddberry Road, Andalusia, Alabama 36421
- c) (334) 222-7267
- d) 423-02-8247
- e) 04/30/62
- f) Kellie Williamson
- a) J. Kellie Williamson
- b) 26174 Reddberry Road, Andalusia, Alabama 36421
- c) (334) 222-7267
- d) 416-04-6932
- e) 12/18/65
- f) Jimmy Williamson

2. For the corporate Plaintiff, please state the following:

- a) The correct legal name of the corporation;
- b) The date and place of incorporation; and
- c) The names, addresses and telephone numbers of all stockholders, officers and directors.

**ANSWER:**

- a) Pioneer Telephone Services, Inc.
- b) 1984 in Alabama
- c) James and Kellie Williamson

3. Please identify each person whom you expect to call as an expert witness at the trial of this case and for each such expert witness state:

- a) The subject matter on which the expert is expected to testify;
- b) The substance of the facts and opinions to which the expert is expected to testify;
- c) A summary of the grounds for each opinion;
- d) The qualifications of such person to render these opinions;
- e) State whether such person(s) has conducted or performed any examination compilation inspection or test on behalf of Plaintiff or his attorneys and specify:
  - (i) the place and date of each; and
  - (ii) the identities of all other persons present during each;
- f) A list of all cases, and the name of the attorneys involved and the court where the case was filed of each and every case where such expert provided testimony at trial or by depositions.

**ANSWER:** None at this time.

4. Please identify the policy numbers of all three (3) insurance policies that you referenced in your Complaint and describe the type policy for each policy number, and list the named insureds as stated in each policy.

**ANSWER:** 44-404-780-00; Homeowners Policy; James H. Williamson & Kellie Williamson. 034617-38525851-04; Tailored Protection Policy Declarations; Pioneer Telephone Services, Inc.

5. As to all policies listed above and as to all claims which are the subject of this lawsuit, please itemize all items of property that you have replaced by purchasing replacement items of property. As to each such item of property replaced, please provide the following:

- a) The date you purchased the replacement item of property;
- b) The amount paid for the replacement item of property;
- c) The store, entity, business, or individual from whom you purchased the replacement item or property.

**ANSWER:** a) Replacement equipment was already in stock.

b) See estimate attached hereto as Exhibit "A"

c) Records reflecting the purchase of these items are available for inspection at Pioneer's office at a mutually convenient time.

6. Please identify and provide the address and telephone number of all persons who you claim told you that you could dispose of any item of property that you claim was damaged by lightning, water or other causes for which you claim payment from Auto-Owners in this lawsuit.

**ANSWER:** John Tomberlin  
South Central Agency  
1831 East Three Notch Street  
Andalusia, Alabama 36420

Harold Young  
South Central Agency  
1831 East Three Notch Street  
Andalusia, Alabama 36420

7. Please itemize and fully describe each piece of property which you claim was damaged by lightning, water or other causes for which you claim payment in this lawsuit and identify the current location of each item of tangible property. If you do not have possession or ownership of any item or property which is the subject of this lawsuit for which you claim payment, please provide the following information.

- a) The reason(s) why you do not have current possession or ownership of each item of tangible property;
- b) The name, address and telephone number of the current owner of each item of property; and
- c) The address and telephone number of the person or entity having current possession, custody or ownership of each item of property.

**ANSWER:** See attached Exhibit "A".

- a) Disposed of property. Both agents told me after the storm to take pictures of damages and to go ahead and get things taken care of (repair & replace). Later I was instructed to dispose of property by agent (John Tomberlin) after three adjusters had looked at damages & equipment and taken pictures. I never heard anything from adjusters so asked agent what to do with property, as we needed the space. I was instructed to dispose of the equipment if I needed to because he did not see any use in keeping it since adjusters had already seen and photographed it. Not long after I disposed of

equipment, I was contacted by a third party who wanted to look at equipment for salvage purposes.

- b) None
- c) None

8. Have you sold, transferred ownership, discarded or disposed of any item of property for which you claim damages or payment? If so, please provide a description of each item sold, transferred, discarded or disposed of and provide:

- a) The date of sale, transfer, discard or disposal;
- b) The name of the person who purchased or acquired possession or ownership of the property; and
- c) The amount of money or other compensation that you received for the sale, transfer, discard or disposal of such property.

**ANSWER:** Yes, see response to # 7.

9. Please describe in complete detail as to each item of property at issue in this case the factual, scientific or engineering basis or analysis supporting your claim that each item or property was damaged by lightning, water or other cause. Please also include in your answer:

- a) The name, address and telephone number of the person or entity who made the determination that said property was damaged by lightning, water or other cause;

- b) A detailed description of all methodologies and testing utilized to make this determination;
- c) The dates that the testing and examination was performed; and
- d) The results of all testing and examinations.

**ANSWER:** Because equipment was dead after Hurricane Ivan and lightning storm.

Visual damage done to printed circuit boards and smell of the boards. Water damaged equipment and boxes were completely covered and soaked with water.

- a) Pioneer Telephone Services, Inc., Jimmy Williamson; Tel-Com Services, Inc.; Mac Bracewell, South Central Agency; John Tomberlin.
- b) Sight, smell, voltage meter, experience
- c) September 17-25, 2004.
- d) Equipment damaged by lightning was not repairable and water damaged equipment would never be dependable nor could be sold.

10. As to Plaintiff Jimmy Williamson, please describe in complete detail how you claim that you are an insured under the insurance policy at issue and how you sustained damages and are entitled for coverage in this lawsuit.

**ANSWER:** We are the owners of Pioneer Telephone Services, Inc. We were assured that because this was damage done by Hurricane Ivan that this damage was covered. We did what the agents and adjuster instructed us to do, and were told that the check was being processed.



11. As to Plaintiff Kelly Williamson, please describe in complete detail how you claim that you are an insured under the insurance policy at issue and how you sustained damages and are entitled for coverage in this lawsuit.

**ANSWER:** See response to # 10.

12. Please state the name and address of any individual or entity that has a security interest, mortgage interest or ownership interest in any item of property which is the subject of this lawsuit for which you claim payment.

**ANSWER:** None

13. Please identify the policy number and policy period of the specific insurance policy under which you are claiming coverage.

**ANSWER:** 034617-38525851-04. From 6/16/04 to 6/16/05.

14. Other than the current suit, have you ever sued or made claim against any person, company or entity or have you been sued? If your response is in the affirmative, state the following as to each such claim or lawsuit:

- a) The date the claim was made or the lawsuit was filed;
- b) The parties involved in each such claim or suit, and the address of each.
- c) The nature of the said claim or suit;
- d) The Court in which the claim was filed; and
- e) The resolution of the claim and/or lawsuit.

**ANSWER:** As to Pioneer, none. As to Jimmy Williamson, yes.

- a) 1985
- b) Geico Insurance
- c) Car accident
- d) Covington County
- e) Settled

15. Have you ever been arrested for the alleged commission of a felony or misdemeanor? If your response is in the affirmative, for each such arrest state the following:

- a) The nature of the offense for which you were arrested;
- b) The state, county, and city in which you were arrested;
- c) The approximate date you were arrested; and
- d) Whether you pled guilty or were convicted or acquitted of the charge.

**ANSWER:** No

16. State the name, address, and telephone number of each person you may utilize as a "pattern and practice" witness, and for each such person, state the testimony you expect each to give.

**ANSWER:** Unknown at this time.

17. For each property, casualty and liability policy obtained by you in the past fifteen years, state the name, address, and telephone number of each entity from whom

you obtained the insurance, the name of the insurer, the policy number, and the period of coverage.

**ANSWER:** South Central Agency has had all of my insurance for as long as I can remember. I would have to get copies from them.

18. For each claim you have ever made under any homeowners, business owners, dwelling, automobile, or other property or casualty insurance policy, state the following:

- a) The name of the insurance company with whom the claim was made;
- b) The dates such claims were made;
- c) The nature of the loss for which you made claims; and
- d) The resolution of your claim.

**ANSWER:** Plaintiff objects as these questions exceed the number allowed by the Alabama Rules of Civil Procedure.

19. Please identify the dates and type claim of every insurance claim you have filed with Auto-Owners Insurance and provide the following information:

- a) The date of the alleged loss;
- b) The cause of the loss;
- c) The amount claimed;
- d) The total amount paid by Auto-Owners; and
- e) The policy number of the policy under which the claim was made.

**ANSWER:** See response to # 18.

20. Were you paid by Auto-Owners for any losses caused by the Hurricane referenced in the Complaint? If the answer to this interrogatory is in the affirmative please state the following:

- a) The amount you were paid and the policy number and coverage under which each amount was paid;
- b) Whether you contend that the amount paid was the correct amount; and
- c) If you contend the amount was not correct, please state the amount you contend you should have been paid and explain in detail your basis for claiming such amounts.

**ANSWER:** See response to # 18.

21. Please state in complete detail each error, omission negligent act, wanton act or wrongful act that you claim was committed by Auto-Owners Insurance or agents or employees of Auto-Owners Insurance. Please include in your answer:

- a) The dates the error, omission or wrongful act occurred;
- b) The name and address of the person who committed each such error, omission or wrongful act; and
- c) Please detail all injuries or damages you claim you suffered as a result of each error, omission or wrongful act.

**ANSWER:** See response to # 18.

22. In your complaint you allege that fraud or misrepresentation was committed by Auto-Owners Insurance. As to those allegations please state the following:

- a) The name, address and telephone number of each person that you claim made a misrepresentation or suppressed facts from you;
- b) The date of each alleged misrepresentation or suppression of fact;
- c) How you specifically relied on each alleged misrepresentation or suppression of fact;
- d) Exactly how you were injured by each alleged misrepresentation or suppression of fact; and
- e) When you allegedly discovered the falsity of each misrepresentation or the fact allegedly suppressed and how you made such discovery.

**ANSWER:** See response to # 18.

23. Describe in detail all damages or losses incurred by you as a result of the matters of which you complain.

**ANSWER:** See response to # 18.

24. Describe in detail each and every fact upon which you predicate your contention that you are entitled to an award of punitive damages against any or all of the Defendants.

**ANSWER:** See response to # 18.

25. Itemize all damages and losses you claim were not paid by Auto-Owners Insurance.

**ANSWER:** See response to # 18.

26. State the amount of punitive damages you claim in this case.

**ANSWER:** See response to # 18.

27. State the full names, addresses, occupation, and relation to you of all persons over the age of nineteen that reside in Covington County, Alabama that are related to you by blood or marriage.

**ANSWER:** See response to # 18.

28. Have you ever filed any type of bankruptcy proceedings in any court in the United States? If so, please state the following:

- a) The type bankruptcy petition filed; and
- b) The date of the filing of the bankruptcy petition.

**ANSWER:** See response to # 18.

29. Have you ever been treated by a psychologist, psychiatrist or counselor? If the answer to this interrogatory is in the affirmative, please state the following:

- a) The name, address and telephone number of the psychologist, psychiatrist or counselor from whom you obtained treatment;
- b) The reasons for seeking treatment; and
- c) The dates of treatment.

**ANSWER:** See response to # 18.

30. Do you claim that you have sustained bodily injury or personal injury for which you have received medical treatment? If so, please state the following:

- a) The type bodily injury or personal injury that you contend you have sustained;
- b) List the names and addresses of all doctors, hospitals, and other medical providers that have provided you treatment; and
- c) Please list the dates of all treatments and hospitalizations.

ANSWER: See response to # 18.

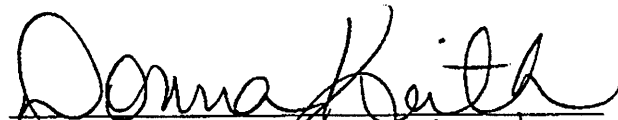
STATE OF ALABAMA )

COVINGTON COUNTY)

I hereby swear that the response to the discovery requests listed above are true and complete to the best of our information, knowledge, and belief.

  
JIMMY WILLIAMSON

Sworn and subscribed before me this the 14<sup>th</sup> day of December 2005.

  
Notary Public  
My Commission Expires: Ed 30/06


STATE OF ALABAMA )

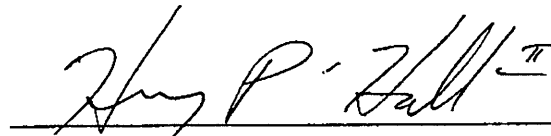
COVINGTON COUNTY)

I hereby swear that the response to the discovery requests listed above are true and complete to the best of our information, knowledge, and belief.

  
KELLIE WILLIAMSON

Sworn and subscribed before me this the 15 day of December 2005.

  
Notary Public  
My Commission Expires: 6/30/06

  
Harry P. Hall, II (HAL053)  
Counsel for Plaintiffs

OF COUNSEL:

Farmer, Price, Hornsby & Weatherford, L.L.P.  
P.O. Drawer 2228  
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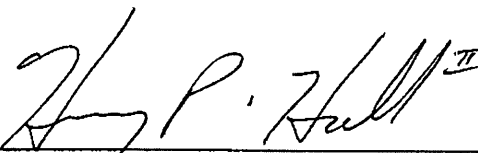
**CERTIFICATE OF SERVICE**

I do hereby certify that on the 16<sup>th</sup> day of December, 2005, I have served a copy of the foregoing pleading on the following by hand delivering same or by mailing the same by U. S. Mail properly addressed and First Class postage prepaid.

Roger S Morrow  
Joel H. Pearson  
P.O. Box 4804  
Montgomery, Alabama 36103-44804



James E. Robertson, Jr.  
Carroll H. Sullivan  
P.O. Box 1034  
Mobile, Alabama 36633

  
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Of Counsel



Tel-Com Services, Inc.  
1833A East Three Notch Street  
P.O. Box 1606  
Andalusia, AL 36420-1227

Document 1-4

Filed 04/25/2006

Page 19 of 24

Quote Number  
1823  
Quote Date  
Oct 29, 200

Page

Quoted to:

Pioneer Telephone Services, Inc.  
P.O. Box 1606  
Andalusia, AL 36420

Customer ID	Good Thru	Payment Terms	Sales Rep
P001	11/28/04	Net 30 Days	KMB

Quantity	Item	Description	Unit Price	Extension
		Lightning damage done during hurricane Ivan's storms.		
1.00	LABOR		2,410.00	2,410.00
1.00	NS19404	Norstar Modular ICS 0x32 KSU	989.00	989.00
1.00	NS19419	Norstar Caller ID Trunk Cart.	498.00	498.00
1.00	NS19467	Call Pilot 150 Voice Mail Unit	1,995.00	1,995.00
1.00	M7324	24-Button Keypad w/display	150.00	150.00
3.00	T7316B	16-Button Keypad w/display Blk	129.00	387.00
3.00	T7208B	8-Button Keypad w/display Blk	115.00	345.00
1.00	VISIA-20P	V20P Attack Pack w/6160	804.35	804.35
1.00	DSDX16C80GB	Digital Sprite System	2,908.01	2,908.01
2.00	1K629A	1/3" Color Digital Camera 350	173.99	347.98
2.00	13VG550S	1/3" 5.5mm Varifocal Lense	136.00	272.00
2.00	EH3512MT	Camera Mount	89.98	179.96
1.00	PS2416	CCTV Power Supply	147.90	147.90
1.00	FMA	Television Antenna	167.95	167.95
1.00	TelAA	Television Antenna Amplifier	119.60	119.60
1.00	TELMST	30' TV Antenna Pole	169.00	169.00
1.00	VWM-680	4-Head HI-FI VCR	79.96	79.96
1.00	Tx-DS797	THX Select Receiver	946.00	946.00
1.00	Tx-8511	Stereo Receiver	259.00	259.00
1.00	DCS	Dell Computer System (Flat Panel 17" Monitor, Keyboard, Hard Drive, & Printer)	1,687.00	1,687.00
			Subtotal	Continued
			Sales Tax	Continued
			Total	Continued

PIONEER 0152

Tel-Com Services, Inc.  
1833A East Three Notch Street  
P.O. Box 1606  
Andalusia, AL 36420-1227

Quote Number  
002

Quote Date  
Oct 29, 20

Page

Quoted to:

Pioneer Telephone Services, Inc.  
P.O. Box 1606  
Andalusia, AL 36420

Customer ID	Good Thru	Payment Terms	Sales Rep
P001	11/28/04	Net 30 Days	KMB

Quantity	Item	Description	Unit Price	Extension
1.00	DIL17	17" Dell Inspiron Laptop (17" Flat Panel Display, Port Replicator, Printer)	2,683.33	2,683.33
1.00	GWS	Gateway Computer (Monitor, Keyboard, Hard Drive)	1,650.00	1,650.00
1.00	NS900	900mhz Cordless Phone	435.00	435.00
1.00	Encore 8	Subwoofer	525.00	525.00
			<b>Subtotal</b>	<b>20,156.04</b>
			<b>Sales Tax</b>	<b>1,419.68</b>
			<b>Total</b>	<b>21,575.72</b>

PIONEER 0153

Tel-Com Services, Inc.  
1833A East Three Notch Street  
P.O. Box 1606  
Andalusia, AL 36420-1227

Quote Number:  
0023

Quote Date:  
Oct 29, 200

Page

Quoted to:

Pioneer Telephone Services, In  
P.O. Box 1606  
Andalusia, AL 36420

Customer ID	Good Thru	Payment Terms	Sales Rep
P001	11/28/04	Net 30 Days	KMB

Quantity	Item	Description	Unit Price	Extension
		Equipment in warehouse that was water damaged by Ivan's storms.		
1.00	SX50	Mitel Cabinet	375.00	375.00
1.00	SX50PS	Mitel SX50 Power Supply	325.00	325.00
1.00	9102-018-000	Mitel Console	375.00	375.00
1.00	9110-211-000	Mitel 4 Trk. Circuit Card	175.00	175.00
2.00	9104-020-001SA	Mitel 16 CT Station Card	559.00	1,118.00
1.00	NSCICS	Norstar CICS KSU	300.00	300.00
13.00	T7100B	Norstar Single Line B	89.00	1,157.00
2.00	T7100	Norstar Single Line P	89.00	178.00
7.00	T7208B	8-Button Keypad w/display Blk	105.00	735.00
6.00	T7316B	16-Button Keypad w/display Blk	129.00	774.00
20.00	2831-00	4x8 CO Key Station Board	175.00	3,500.00
1.00	2830-16	CPU/VCM Processor	225.00	225.00
27.00	1414-08	Executive Speakerphone w/displ	135.00	3,645.00
12.00	1412-08	Enhanced Speakerphone	109.00	1,308.00
1.00	SP4000-00	BKSU (Basic KSU)	1,499.00	1,499.00
1.00	SP4074-00	DCU		
1.00	SP4032-00	KIB Board		
1.00	SP4031-00	COB Board		
1.00	SP4030-00	CPB Board		
1.00	SP4033-00	SIB Board		
1.00	SP4035-00	APL		
6.00	SP4032-00	KIB Board	139.00	834.00
			Subtotal	Continued
			Sales Tax	Continued
			Total	Continued

PIONEER 0154

Tel-Com Services, Inc.  
1833A East Three Notch Street  
P.O. Box 1606  
Andalusia, AL 36420-1227

Quote Number  
0023

Quote Date  
Oct 29, 200

Page

Quoted to:

Pioneer Telephone Services, In  
P.O. Box 1606  
Andalusia, AL 36420

Customer ID	Good Thru	Payment Terms	Sales Rep
P001	11/28/04	Net 30 Days	KMB

Quantity	Item	Description	Unit Price	Extension
9.00	612.1000	GLX-12 KSU	250.00	2,250.00
22.00	612.3201	GLX Std. Keyset	150.00	3,300.00
1.00	CD616	Comdial 616 KSU	400.00	400.00
1.00	CDDSS	Comdial DSS	100.00	100.00
17.00	6600E	Comdial Keyset	139.00	2,363.00
6.00	6714-X	Comdial Keyset	70.00	420.00
13.00	6714V-PG	Comdial Keyset	70.00	910.00
9.00	6614E-PG	Comdial Keyset	95.00	855.00
1.00	6614I-PG	Comdial Keyset	120.00	120.00
1.00	6714S	Comdial Keyset	95.00	95.00
1.00	CD820	Comdial 820 KSU	425.00	425.00
1.00	E80	E80PT KSU	250.00	250.00
2.00	M0016	Station Card	175.00	350.00
1.00	CDOPX	Comdial 2-Port OPX	200.00	200.00
4.00	6706X-PG	Comdial Keyset	112.00	448.00
1.00	6702X-PG	Comdial Keyset	112.00	112.00
2.00	6714FB	Comdial Keyset	123.50	247.00
1.00	6620PB	Comdial Keyset	100.00	100.00
1.00	W3KMEM95-57	Comdial Handset	15.17	15.17
3.00	PCB	Omega PCB Board	45.00	135.00
1.00	ANA	Omega ANA Card	45.00	45.00
2.00	ICM	Omega ICM Card	45.00	90.00
6.00	XPS	Omega XPS-1 Card	45.00	270.00
5.00	SUB	Omega III Sub Kset Int Card	45.00	225.00
			Subtotal	Continued
			Sales Tax	Continued
			Total	Continued

PIONEER 0155

22  
Quotation

Tel-Com Services, Inc.  
1833A East Three Notch Street  
P.O. Box 1606  
Andalusia, AL 36420-1227

Quote Number  
0023

Quote Date  
Oct 29, 2006

Page

## Quoted to:

Pioneer Telephone Services, Inc.  
P.O. Box 1606  
Andalusia, AL 36420

Customer ID	Good Thru	Payment Terms	Sales Rep
P001	11/28/04	Net 30 Days	KMB

Quantity	Item	Description	Unit Price	Extension
2.00	COT	Omega COT Card	45.00	90.00
1.00	CPU	Omega CPU Card	45.00	45.00
1.00	816/2460	Omega Keyset	65.00	65.00
7.00	60025	Tie Keyset	59.00	413.00
5.00	60001	Tie Key Service Unit	85.00	425.00
2.00	60002	4 Ckt. C.O. Line Card	70.00	140.00
1.00	60010	Tie 1-Port C.O. Module	40.00	40.00
8.00	THandset	Tie Handset	15.17	121.36
1.00	TP1648DCDC	Tel-Plus 1648 DCDC Converter	225.00	225.00
6.00	TPHandset	Tel-Plus Handset	22.50	135.00
1.00	TP1648PS	Tel-Plus Power Supply	45.00	45.00
2.00	TP1648SIB	Tel-Plus 1648 SIB Card	135.00	270.00
3.00	TP1648KIB	Tel-Plus 1648 KIB Card	195.00	585.00
2.00	TP1648COB	Tel-Plus 1648 COB Card	135.00	270.00
1.00	TP1648CNB	Tel-Plus 1648 Keyset SM LCD	120.00	120.00
1.00	TP1648TNB	Tel-Plus 1648 TNB Card	125.00	125.00
1.00	TP1648SCB	Tel-Plus 1648 SCB Card	175.00	175.00
2.00	TP816PM	Tel-Plus 816 Program Module	25.00	50.00
6.00	TP1648	Tel-Plus 1648 Keyset Sm LCD	71.50	429.00
1.00	TP1648DSS	Tel-Plus 1648 DSS	125.00	125.00
5.00	AIT-24	ATT 24-Button Keyset	85.00	425.00
1.00	AITML308	ATT Merlin 308 KSU	99.00	99.00
1.00	ACS704A	ATT Power Supply	25.00	25.00
1.00	ATTSP616	ATT Spirit Exp 616 KSU	150.00	150.00

PIONEER 0156

Subtotal	Continued
Sales Tax	Continued
Total	Continued

Tel-Com Services, Inc.  
1833A East Three Notch Street  
P.O. Box 1606  
Andalusia, AL 36420-1227

Quote Number  
0023

Quote Date  
Oct 29, 200

Page

Quoted to:

Pioneer Telephone Services, Inc.  
P.O. Box 1606  
Andalusia, AL 36420

Customer ID	Good Thru	Payment Terms	Sales Rep
P001	11/28/04	Net 30 Days	KMB

Quantity	Item	Description	Unit Price	Extension
3.00	ATTSP	ATT Surge Protector	15.00	45.00
2.00	ATTACP	ATT AC Protector	15.00	30.00
			Subtotal	34,915.50
			Sales Tax	
			Total	34,915.50

PIONEER 0157